

# Los Angeles County Dept. of Mental Health

## Student Professional Development Program

2016-2017 Academic Year

*Complete this form for each discipline to be placed at this agency:*

- ☐ **Psychology**  
     ☐ Practicum  
     ☐ Clerkship/Internship  
     ☐ Externship  
☒ **Social Work**  
     ☒ Specialization: PMRT/Crisis Response  
     ☐ Macro/Administrative  
☐ **MFT**  
☐ **Occupational Therapy**  
☐ **Other (specify):** \_\_\_\_\_

Service Area

6

<b>DMH Agency:</b>	PMRT (Psychiatric Mobile Response Team) SA6
<b>DMH Agency Address:</b>	1720 E. 120 <sup>th</sup> St Los Angeles, CA 90059
<b>Agency Liaison:</b>	Carlos Pineda, LCSW
<b>New or Returning</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Returning
<b>Liaison Email Address:</b>	cpineda@dmh.lacounty.gov
<b>Liaison Phone Number:</b>	310-668-5150
<b>Liaison Fax Number:</b>	310-223-0695
<b>Agency ADA Accessible</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" Identify: _____

### *Student Requirements:*

<b>How many positions will you have?</b>	1
<b>Beginning and ending dates:</b>	September-June

*Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):*

<b>Monday</b>	
<b>Tuesday</b>	8am to 5pm
<b>Wednesday</b>	
<b>Thursday</b>	8am to 5pm
<b>Friday</b>	8am to 5pm

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

<b>Monday</b>	
<b>Tuesday</b>	8:30 -9:45am
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Total hours expected to be worked per week:</b>	18-20
<b>How many clients would the student have at one time?</b>	Students is not expected to carry a caseload

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<b>What cultural groups and language services are provided at your site?</b>	Multicultural (primarily Spanish and English)
<b>What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?</b>	As the student will not be carrying a caseload, holidays are flexible as long as the student is on target with his/her required hours.

*Provide a short description of your site and services offered:*

<p><b>Conduct crisis response to residences, school settings, board and care facilities, to clients who may be experiencing a crisis that may result in danger to themselves or to someone else. This could involve responding to children, adolescents, adults and older adults.</b></p>
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*Students will provide services for (please check all that apply):*

<input checked="" type="checkbox"/> <b>Individuals</b>	<input type="checkbox"/> <b>Consultation/Liaison</b>
<input type="checkbox"/> <b>Groups</b>	<input type="checkbox"/> <b>Psycho-Educational Groups (e.g. Parenting)</b>
<input checked="" type="checkbox"/> <b>Families</b>	<input checked="" type="checkbox"/> <b>Community Outreach</b>
<input type="checkbox"/> <b>Children 0-5</b>	<input type="checkbox"/> <b>FSP</b>
<input checked="" type="checkbox"/> <b>Children &amp; Adolescents</b>	<input type="checkbox"/> <b>FCCS</b>
<input checked="" type="checkbox"/> <b>Adults</b>	<input type="checkbox"/> <b>Specialized Foster Care</b>
<input checked="" type="checkbox"/> <b>Older Adults</b>	<input type="checkbox"/> <b>AB109</b>
<input type="checkbox"/> <b>Court/Probation referred</b>	<input checked="" type="checkbox"/> <b>Veterans</b>

*Evidenced Based Practices/Promising Practices offered at your agency:*

<input type="checkbox"/> <b>Child-Parent Psychotherapy</b>	<input type="checkbox"/> <b>Seeking Safety</b>
<input type="checkbox"/> <b>Crisis Oriented Recovery Services</b>	<input type="checkbox"/> <b>Trauma Focused Cognitive Behavioral Therapy</b>
<input type="checkbox"/> <b>Dialectical Behavior Therapy</b>	<input type="checkbox"/> <b>Triple P – Positive Parenting Program</b>
<input type="checkbox"/> <b>Families Over Coming Under Stress</b>	<input checked="" type="checkbox"/> <b>Other (School Threat Assessment)</b>
<input type="checkbox"/> <b>Managing and Adapting Practices</b>	<input type="checkbox"/> <b>Other (Specify)</b>

*Students will provide (please check all that apply):*

<input type="checkbox"/> <b>Brief Treatment</b>	<input type="checkbox"/> <b>Screening and Assessment</b>
<input type="checkbox"/> <b>Long – Term Treatment</b>	<input checked="" type="checkbox"/> <b>Crisis Intervention</b>
<input type="checkbox"/> <b>For Psychology Students Only:</b> Testing percentage: Treatment percentage:	

**What are the most frequent diagnostic categories of your client population?**

Multiple mental disorders (mood disorders, psychotic disorders)
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**What specific training opportunities do students have at your agency?**

Student will be trained on crisis response and interventions.
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**What theoretical orientations will students be exposed to at this site?**

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Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Social workers, community worker, psychologist, nurses

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☐

No ☒

List locations where students will be providing services **other than agency**?

To schools, board and care facilities, shelters, residences.

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

## **Supervision:**

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	2+ hrs/week	Carlos Pineda, LCSW
Group	0	
Individual & Group	0	

Do you have one or more staff, who is licensed by:

☐ California Board of Psychology

☒ California Board of Behavioral Sciences

☐ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

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## ***Selection of Students:***

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒

No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐

No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐

No ☒

If yes, please specify: \_\_\_\_\_

Does your agency require a particular range of previous experience or specific prerequisite coursework?  
If so, please explain.

## **Agency Application Process**

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐

No ☒

If yes, please specify

DMH background clearance and orientation

Please specify dates your agency accepts students Fall 2013

Supervision will be in compliance with professional standards established by the following:

☐ APPIC

☐ AAMFT

☒ NASW

☐ Other (specify): \_\_\_\_\_

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: Name: Carlos Pineda Title: PMRT Supervisor

Supervisors: Name: Gary Walendzik Title: Program Head

Date of Completion:  
2/18/2016